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APPLICANTS

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** CONTINUING DATA ***** *JP* *****
 NONE

** FOREIGN APPLICATIONS ***** *JP* *****
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 17	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 8
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Verified and Acknowledged *JP*
 Examiner's Signature _____ Initials _____

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TITLE
 Compositions, reagents and kits for and methods of diagnosing, monitoring and treating obesity and/or diabetes

FILING FEE RECEIVED 673	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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